IFW

Practitioner's Docket No. 45545.18.1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Han, et al.

Application No.: 10/724,484

Group Art Unit No.: 2832

Filed: 11/28/2003

Examiner: K. Easthom

For: THERMISTOR HAVING SYMMETRICAL STRUCTURE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

Date: July 1, 2005

Joeen P. Krueger (type or print name of person certifying)

^{*} Only the date of filing ('1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under '1.8 continues to be taken into account in determining timeliness. See '1.703(f). Consider "Express Mail Post Office to Addressee" ('1.10) or facsimile transmission ('1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	ol. 2)	(Co	ol. 3)	(OTHE	ALL ENTI	TY		
	CLAIMS		,	·							
	REMAINING	HIGH	EST NO.								
	AFTER	PREVIOUSLY		PRESENT						ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE			FEE		
TOTAL	12		20	=	0	x_	\$	50.00	=	\$	0.00
INDEP.	1	_	3	=	0	х	\$	200.00	_	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							\$	0.00	=	\$	0.00
								TOTAL			
							AI	DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 061910.

If an additional fee for claims is required, charge Account No. 061910.

Date: July 1, 2005

Reg. No.: 45,382

Tel. No.: 612-492-7000 Customer No.: 022859 Signature of Practitioner

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